Applications due: April 14  Please return completed applications to:

Minnesota Landscape Arboretum
Learning Center Attn: Kimberly Braun
3675 Arboretum Drive
Chaska, MN 55318
Phone: (952)-443-4403

Please fill out the form. For details about being a mentor, please read the job descriptions.

Children’s Garden Mentor
Please check which program you would like to apply for:

- Mighty Mites Monday Mornings
- Mighty Mites Wednesday Afternoons
- Seed Sowers
- Garden Chefs

Full name ____________________________________________
Street Address _______________________________________
City, State, Zip ______________________________________
Phone ___________________________  Email_____________________
Grade ____________ Age as of June 1 _____________ School __________________________

Please answer the following 6 questions on a separate piece of paper and turn it in with this application

1. Why do you want to be a garden mentor?
2. What knowledge, skills, or talents do you have that will help you mentor?
3. What jobs or responsibilities would you be able to do as a mentor?
4. What is one thing you would like to learn about gardening this summer?
5. What is one activity we should do in the garden this summer and why?
6. Are you able to commit to the schedule and miss no more than 2 classes?
Parent permission and support
Please have your parent or guardian complete this page

Parent/guardians please read the following statement and sign below if you agree.

I have read and understand the commitment my child is going to make to be part of the summer garden experience. My child has my permission to volunteer as a summer garden mentor for the hours on the schedule. I understand that my child is expected to arrive ½ hour before the regular class starts and to stay ½ hour after class to help the teacher with setup and cleanup. I will support them in their efforts, encourage them, and ensure they are able to attend all of their garden sessions. I give permission for pictures of my child and/or copies of his/her written or drawn work to be used to document and promote this mentor program.

I understand the arrangements and believe the necessary precautions and plans for the care and supervision of the mentors will be taken. Beyond this, I will not hold the Minnesota Landscape Arboretum or those supervising this program responsible.

Signature ________________________________ Date __________________

Parent’s Name (please print) _________________________________________

Telephone number during summer garden mentoring hours _________________

In case of emergency, if you cannot be reached, who should we contact?

Name ________________________________ Phone __________________

Relationship to your child ___________________________________________